

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: <u>3/30/04</u>		2 Serial/Patent # <u>10/684,852</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
	Filing			\$							
	Amendment			\$							
	Extension of Time			\$							
	Notice of Appeal/Appeal			\$							
X	Petition		2/05/04	\$ 130							
	Issue			\$							
	Cert of Correction/Terminal Disc.			\$							
	Maintenance			\$							
	Assignment			\$							
	Other			\$							
			7 TOTAL AMOUNT OF REFUND								
			\$ 130								
8 TO BE REFUNDED BY:											
10 REASON:		Treasury Check									
	Overpayment	Credit Deposit A/C #:									
	Duplicate Payment	9 <table border="1" style="display: inline-table; text-align: center; width: 150px;"><tr><td>5</td><td>0</td><td>--</td><td>2</td><td>9</td><td>6</td><td>0</td></tr></table>			5	0	--	2	9	6	0
5	0	--	2	9	6	0					
X	No Fee Due (Explanation):										
<u>Postcard proves allegedly omitted figs were here on</u> <u>day 1. Refund per fee</u>											
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: <u>E. Shirene Willes</u>			TITLE: <u>Pet Attny</u>								
SIGNATURE: <u>E. Shirene Willes</u>			PHONE: <u>308-6712</u>								
OFFICE: <u>Office of Patents</u>											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****											
APPROVED: <u><i>[Signature]</i></u>			DATE: <u>3/30/04</u>								

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**